

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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JOSEPH MELVIN COCHRAN.

RAUL W. SANTIAGO, BRITO.

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

THE OWNER(S) OF THE NAME BRAND
TOOTHPASTE "CLOSE-UP"!!! / and
THEIR COMPANIES!!! ECT!

COMPLAINT
(Prisoner)

Do you want a jury trial?
 Yes No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other:

VIOLATION of my 8TH AMEND. ~~CURLE FUNERAL~~
~~PUNISHment!~~

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

JOSEPH M. COCHRAN

First Name

Middle Initial

Last Name

MR. JOSEPH MELVIN COCHRAN

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

OBCC - 1 BUILDING B/C# 349 2102383.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

ANNA MOSS CROSS CENTER / C-95 BUILDING ON
RICKER'S ISLAND
18-18 HAZEN ST, A.M.K. C.)

Institutional Address

QUEENS, EAST ELMSRT N.Y. 11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: PRE- FELONY COURT INMATE/PRISONER!!!

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: OWNER OF "CLOSE-UP" TOOTH-PASTE BRAND

First Name	Last Name	Shield #
<u>BOSSes / MANEGERS / ECT!!!</u>		

Current Job Title (or other identifying information)

Current Work Address

County, City	State	Zip Code
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Defendant 2:

First Name	Last Name	Shield #
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Current Job Title (or other identifying information)

Current Work Address

County, City	State	Zip Code
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Defendant 3:

First Name	Last Name	Shield #
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Current Job Title (or other identifying information)

Current Work Address

County, City	State	Zip Code
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Defendant 4:

First Name	Last Name	Shield #
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Current Job Title (or other identifying information)

Current Work Address

County, City	State	Zip Code
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V. STATEMENT OF CLAIM

↓ DOCS ↓

Place(s) of occurrence: STREETS OF NEW YORK CITY, & RICKER'S ISLAND.

TO

Date(s) of occurrence: 2021 AUG. 25TH. & 2013 JAN. 3, 2021 OF AUG. 25TH.

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ME AND my FRIEND WAS BOTH HARMED BY THIS TOOTHPASTE PRODUCT BY THE NAME OF "CLOSE-UP" W/ULTRA CINNAMON FLAVOR BLAST!!! AND HOW WE BOTH WAS & STILL IS/hm harmed. is:
WE BOTH HAVE HIGH-BLOOD-PRESSURE AND TOOTH DECAY/CAVITY(S)! SO I AND my FRIEND WANT TO sue COMPANY'S OWNERS FOR A LARGE AMOUNT AND sum of CASH \$\$\$!!!

I TALKED TO my SUICIDE WATCH OFFICER, BY THE NAME OF colon, ON WENSDAY 25TH, 2021 OF AUGUST! ABOUT THE "ANTICAVITY FLUORIDE TOOTHPASTE;" CLOSE-UP, WITH ULTRA CIN-NAMON FLAVOR BLAST! I TOLD HIM WHY I WAS FEELING THE TOOTH DECAY/HIGH-BLOOD-PRESSURE TO THE FULLEST AND THEIR'S NO GRIEVANCE OFFICE THAT HAND OUT ANY GRIEVANCE FORMS OR/NO GRIEVANCE OFFICE/OR NO GRIEVANCE MAIL BOX!!!?! SO WITH ALL THE ABOVE BEING WRITTEN, I HAVE FULLY EXHAUSTED MY GRIEVANCE PROCEDURES AND REMEDIES!!!

I GOT AND KEPT ONE OF THE "CLOSE-UP," TOOTHPASTE BOX THAT IS STILL CLOSED AND SEALED; WITH THE BAR-MANUF-ACTURE'S # LABEL GUARANTEED TO WORK OR YOU CAN SUE US! THE BAR-MANUF.# IS: 0, 332001174242" 5.

CON4) THIS close up PRODUCTION LINE ALLOT OF SODIUM
SALT / TO much salt / sodium!!!

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

BLOOD-PRESSURE MACHINE TEST every OTHER DAY,
AND ON HIGH-PRESSURE MEDICATION. ↵
HIGH PRESSURE(BLOOD).

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I WANT ME AND my FRIEND's, TO HAVE / sent
+ TO OUR INMATE ACCOUNT's 30, MILLION DOLLARS
EVERY MONTH!!!

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

AUGUST 25TH, 2021

Dated

JOSEPH M.

COCHRAN

Joseph M. Cochran 

Plaintiff's Signature

First Name

Middle Initial

Last Name

AMKC /C-95 BUILDING RICKER'S  ISLAND, DOCS

Prison Address

18-18-HAZEN ST. QUEENS, N.Y. EAST, ELMHURST 11370

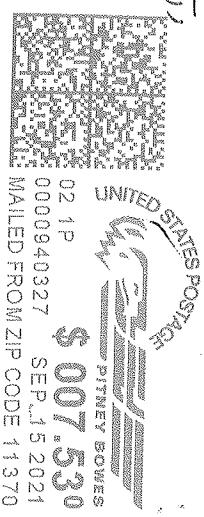
County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: AUG. 25TH, 2021

MR. JOSEPH MELVIN COCHRAN Blot# 3492102383
(AMKO) ANNA MOSS KROSS CENTER, 18-18, HAZEN ST,
C-95 BUILDING
QUEENS, NEW YORK EAST ELHURST, 11370



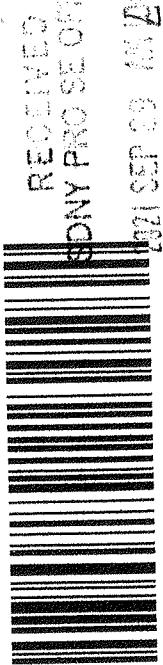
S.S.

TO: CLERK OFFICE OF UNITED STATES DISTRICT

COURT SOUTHERN DISTRICT OF NEW YORK CITY
OF MANHATTAN.
SOA REQUEST



CERTIFIED MAIL®



7016 2070 0000 4205 3487

Legal Mail

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